## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10/577065 (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER AS FILED AFTER 1" AMENDMENT AFTER AS FILED 2 \*\* AMENDMENT 1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 4. <u> 28</u> 50" TOTAL IND. TOTAL IND, TOTAL DEP. TOTAL

DEP.

TOTAL CLAIMS

TOTAL CLAIMS